Covid-19 Prevention, Control a nd Origins Tracing: China’s Actions and Stance

The State Council Information Office of
the People’s Republic of China

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Preface

The Covid-19 pandemic caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) stands as the fastest-spreading and most extensive global health crisis that humanity has faced in a century. It was also the most challenging public health emergency to contain and manage since the 1918 flu pandemic. From the onset of the pandemic, China prioritized lives and health above all else, and implemented comprehensive, science-based and effective containment measures. With over 1.4 billion people uniting as one and displaying extraordinary tenacity and dedication, a formidable defense line was erected against the virus. This collective effort of the whole nation enabled China to withstand multiple waves of outbreaks and emerge victorious from the crisis – a historic feat for a populous nation like China.

In the face of the challenge, China championed the cause of a global community of shared future and a community of health for all, and demonstrated a commitment to openness, transparency and responsibility at every stage. The country lost no time in sharing, fully and without reservation, epidemic updates, prevention strategies, diagnostic and clinical treatment protocols, and technical expertise, as well as vaccines and protective materials, with the World Health Organization (WHO) and countries worldwide. By contributing its insights, solutions and strengths to the collaborative global fight against the pandemic, it made every effort to provide support to the international community.

As a major country that shoulders its responsibilities, China has always applied a science-based approach to the task of tracing the virus origins, actively engaging with the WHO in communication and cooperation from the start of the outbreak. At the invitation of China, the WHO sent two international expert missions to the country to carry out a joint study into the origins of the virus. These missions were staffed by authoritative experts across relevant disciplines who conducted site visits, interviews, and extensive data collection and analysis with the utmost dedication, diligence and professionalism. Their findings were compiled into a joint study report that was released globally. With its rigorous and scientifically

sound conclusions, the report earned endorsements from both the international community and the scientific community.

The Chinese government is releasing this white paper to present a systematic overview of China's key achievements in tracing the origins of SARS-CoV-2, to attest to its contribution to international cooperation in the response to the global pandemic, to advance scientific endeavors and foster global collaboration in this critical domain, and to expose the mismanaged pandemic response in the United States.

I. Contributing Chinese Wisdom to the Study of the Origins of SARS-CoV-2

1. China's Efforts in Tracing the Origins of the Virus

Since the outbreak of the pandemic, China has consistently dedicated substantial resources to collaborative studies into the origins of the virus, involving both Chinese and international scientists. Upholding its international responsibilities with openness and transparency, the country spearheaded research initiatives in critical fields such as clinical epidemiology, molecular epidemiology, environmental epidemiology, and the identification of animal hosts. Demonstrating a strong sense of global responsibility, China closely collaborated with the WHO on the study of the virus origins, and in 2020 and 2021, invited WHO expert missions to China to carry out a joint study into this field.

In July and August 2020, Chinese experts held preparatory consultations with their WHO counterparts concerning cooperation in scientific research on virus origins tracing in China, and together outlined the "WHO-convened Global Study of Origins of SARS-CoV-2: China Part – Terms of Reference". From October to December 2020, Chinese scientists held four virtual meetings with a WHO-assembled team of international experts to share updates on global SARS-CoV-2 origins research and to align methodologies for the joint study.

In January and February 2021, a 28-day joint study was conducted in Wuhan, China, by a team of 17 Chinese experts and 17

international experts from the WHO, the World Organisation for Animal Health (Office International des Epizooties) and several countries. On February 9, the joint team held a press conference to announce key findings from their study.

On March 30, 2021, the WHO organized a member state information session and press conference to present the findings about the origins of the virus and published the “WHO-convened Global Study of Origins of SARS-CoV-2: China Part – Joint WHO-China Study” on its website.

From 2021 onward, the WHO started to build a Scientific Advisory Group for the Origins of Novel Pathogens (SAGO). Meanwhile, China has allocated resources to advance comprehensive and in-depth research and analysis in epidemiology, molecular epidemiology, animal and environmental studies, and laboratory audit, as outlined in Phase 2 of the “Joint WHO-China Study”. Chinese scientists have shared progress and findings with the international scientific community and other professionals through reports to the WHO and SAGO or papers published on Chinese and international academic journals.

To date, no findings have contradicted the conclusions of the “Joint WHO-China Study”. It is fair to say that the study on the origins of SARS-CoV-2 conducted in China has ended.

The WHO-convened global study of origins of SARS-CoV-2: China part has produced extensive research results. Its methodology and scientific findings have laid the foundations and provided guidance for similar efforts in other countries.

Tracing the origins of SARS-CoV-2 is a scientific endeavor that must not be politicized or exploited as a means of stigmatization by any country. The global community should encourage research institutions and professionals of all countries to share evidence and conduct systematic studies. Above all, pandemic prevention should be a priority, as similar outbreaks in the future could pose another catastrophic threat to human health and security.

2. China’s Open and Transparent Updates on Its Findings Regarding the Origins of the Virus

In 2020, a study on the time to the most recent common ancestor of SARS-CoV-2, conducted by scientists from the Chinese Academy of Sciences and collaborating teams, indicated that the

outbreak in Wuhan likely occurred between mid-November and early December 2019. This timeline aligns closely with the onset date of the first reported Covid-19 case – December 8 of that year.

After the joint WHO-China study concluded in 2021, Chinese scientists made another spatiotemporal distribution analysis of 76,000 screening records from medical institutions and 174 early confirmed cases. The analysis revealed no evidence of unusual clusters of respiratory illnesses in Wuhan between October and early December 2019.

In a 2022 serological and epidemiological study, Chinese scientists detected no specific antibodies against SARS-CoV-2 in 43,850 blood donation samples collected in Wuhan between September 1 and December 31, 2019. These findings provided evidence that the virus was not present in Wuhan prior to December 2019.

A number of research teams in China conducted systematic testing on more than 80,000 samples collected from bats, pangolins, wild birds, wild boars, raccoon dogs, and other wildlife, as well as livestock and poultry across the country. Sample collection spanned from 2017 to 2021, and the analyses detected no evidence of SARS-CoV-2 circulation in these animal populations. Additionally, in early 2020, scientists from the Chinese Academy of Medical Sciences screened bat species in Wuhan and its surrounding areas and found no virus genetically related to SARS-CoV-2. These findings effectively ruled out the possibility that this virus originated from local wildlife in the Wuhan vicinity.

In 2023, a paper published by the Chinese Center for Disease Control and Prevention showed that all 457 animal samples collected from the Huanan Seafood Wholesale Market in the early stage of the epidemic tested negative for SARS-CoV-2, while 74 out of 923 environmental samples from the market were positive. Genomic sequencing of three isolated viral strains revealed 99.9-100 percent genetic identity with early Covid-19 cases, indicating that viral shedding by infected individuals was the likely source of contamination in the market environment.

Source tracing of outbreaks in clusters in locations other than Wuhan between 2020 and 2022 revealed the likelihood of introduction from overseas through cold-chain transportation. In

June and July 2020, new outbreaks emerged in Beijing's Xinfadi Agricultural Products Wholesale Market and Dalian, Liaoning Province. It is worth noting that prior to these outbreaks, no new cases had been confirmed in Beijing and Dalian for 56 and 111 consecutive days, respectively. In addition, Beijing's early cases were primarily concentrated among stallholders from the aquatic products section in Xinfadi market, while those in Dalian involved aquatic product processing workers in a seafood company. Several tracing investigations indicated that the virus originated from other countries and regions and subsequently entered China via cold-chain transportation.

On September 24, 2020, two stevedores in Qingdao, Shandong Province were diagnosed with Covid-19. The two cases had no travel history or contact with other confirmed cases. The only epidemiological link was their involvement in handling the same batch of imported frozen food products on September 19, 2020. Several samples from the outer packaging of the frozen food products tested positive for SARS-CoV-2 nucleic acids. Whole genome sequencing confirmed that the virus detected on the packaging was the source of infection for the two cases, and viable virus from the packaging was successfully isolated and cultured. This marked the world's first successful isolation of viable SARS-CoV-2 from cold-chain food packaging, demonstrating cold-chain transportation as a transmission pathway for SARS-CoV-2.

Given that the early confirmed cases in Wuhan were concentrated in the aquatic products section of Huanan market, there is a possibility that the outbreak in the market at the end of 2019 was introduced to China from abroad via cold-chain transportation.

These findings were published in the "Joint WHO-China Study" and international journals including *The Lancet*, *Nature*, *Cell*, *National Science Review*, *Scientific Reports*, and *Virus Evolution*. With solid laboratory data supporting the likelihood of four possible introduction pathways, the study concluded:

- Direct zoonotic spillover is considered to be a possible-to-likely pathway;
- Introduction through an intermediate host is considered to be a likely to very likely pathway;

- Introduction through cold/food chain products is considered a possible pathway;
- Introduction through a laboratory incident was considered to be an extremely unlikely pathway.

China's fully open and collaborative stance demonstrates its commitment to scientific principles and integrity, and its responsibility for building a community of health for all.

China has actively participated in global virus origins-tracing efforts with the greatest sincerity, as it firmly upholds that the truth does not lie in premature accusations but in meticulous data-based verification. Through systematic epidemiological investigations, molecular tracing, animal host screening, and studies on cold-chain transmission, the possibility of Wuhan being the natural origin of SARS-CoV-2 was scientifically ruled out. These efforts have provided the global scientific community with critical empirical evidence and established a research paradigm for future studies.

II. China's Contribution to the Global Fight Against Covid-19

Public health emergencies are a universal challenge confronting humanity and require a joint response from all countries. After the onset of the epidemic, China shared the epidemic information with the WHO and the international community in a timely manner, and provided the genome sequence of the virus. It also invited WHO international expert missions to the country to conduct a joint study into the origins of SARS-CoV-2, shared without reservation its effective measures for prevention, control, diagnosis and treatment, and did all it could to provide massive supplies and extensive aid to the international community. The vision of a global community of shared future guided China's broad international cooperation. The country's significant contribution has given a strong impetus to the global fight against Covid-19.

1. **Sharing Information Without Reservation**

When Covid-19 struck, in the face of this unforeseen and unexpected public health emergency, China released information in a law-based, timely, open and transparent manner, kept the international community informed of the evolving situation in the country, and maintained close communication with the WHO, and the US and other relevant countries and regions.

On January 8, 2020, China identified the pathogen. On January 9, it briefed the WHO on its domestic epidemic situation and its progress in etiological identification. On January 12, China submitted to the WHO the genome sequence of the virus, which was published by the Global Initiative on Sharing All Influenza Data. It provided the international community with a scientific basis for the prevention and control of the pandemic, and for research into and development of vaccines and diagnostic reagents. From January 3, 2020, China began to update the WHO, relevant countries, and regional organizations on the epidemic situation on a regular basis.

While sparing no effort to contain the virus, China demonstrated a keen sense of responsibility for life, its own people, the international community, and posterity, by establishing a rigorous, professional and efficient information release system to enable timely and authoritative updates. China’s information release was unprecedented in terms of scope, efficiency and intensity. China enacted robust information release mechanisms and provisions to prohibit withholding information, underreporting, or delay in reporting cases of infection.

On December 31, 2019, the Wuhan municipal government began to release epidemic information in accordance with the law and increased the frequency of communications step by step. Beginning on January 21, 2020, the National Health Commission (NHC) provided daily updates on its official website and its social media platform with nationwide case numbers from the previous day. From February 3, 2020, the NHC began to release information simultaneously on its English-language website.

China established a tiered news release system. By May 31, 2020, the Joint Prevention and Control Mechanism and the Information Office of the State Council had held 161 press conferences, during which over 490 officials from more than 50 government departments answered over 1,400 questions from

Chinese and foreign media. One hundred and three press conferences were held in Hubei and 1,050 in the other provinces over the same period.

The official Chinese and English websites of the NHC, together with its social media platform, established special sections to release daily updates, interpret policy measures, brief on domestic progress, share knowledge on the virus and its prevention, and dispel rumors.

China shared with the world its successful approach to fighting the pandemic. On the evening of February 24, 2020, the WHO-China Joint Mission on Covid-19 held a press conference in Beijing. Dr Bruce Aylward, team leader of the joint mission and senior advisor to WHO director-general, observed that the global community was not yet ready in mindset or with the materials to implement the measures that had been employed in China, which had proved to be successful in containing Covid-19.

On March 12, 2020, China and the WHO held a joint international briefing on China's experience in Covid-19 prevention and control, which received a positive response. The WHO spoke highly of China's rigorous containment measures on many occasions, saying that it had set a new benchmark for the world and calling on all affected countries to draw on China's experience.

In 2020, China conducted more than 70 Covid-19 prevention and control exchanges with international and regional organizations including the Association of Southeast Asian Nations, the European Union, the African Union, the Asia-Pacific Economic Cooperation, the Caribbean Community, and the Shanghai Cooperation Organization, as well as countries including the Republic of Korea, Japan, Russia, the United States, and Germany.

In the first half of 2020, China shared with more than 180 countries and over 10 international and regional organizations its diagnosis, treatment and control protocols in three foreign languages. It built an expert database for international cooperation, and on a frequent basis organized highly experienced public health and clinical experts to share their approaches to prevention and control as well as diagnosis and treatment. Sharing Covid-19 prevention and control knowledge, training videos, updated technical guides, and latest research results, China's online

information center for Covid-19 prevention and control attracted a global audience of more than 200,000.

Concerning the study of the origins of SARS-CoV-2, China has been committed to a science-based, open and transparent approach, actively supported and engaged in the effort, while opposing political manipulation in any form. To date, China is the only country that has invited multiple WHO international expert missions to conduct joint studies on its territory, and is the only country that has organized its experts to share with the WHO its virus origins-tracing progress on multiple occasions.

China has shared the largest collection of data and research results and contributed the largest share to global SARS-CoV-2 origins-tracing efforts. Members of the WHO international expert missions have emphasized on many occasions that during their visits to China, they were able to access all the localities, interviewees and files they had planned to access, and that China's information openness and transparency far exceeded their expectations.

The international community widely acknowledges that the Chinese side has fully, timely and effectively fulfilled the obligations prescribed by the International Health Regulations (IHR) through prompt and extensive actions rarely seen anywhere in the world. In the US, some politicians, ignoring China's communications, manipulated origins tracing of the virus for political ends. This has not only delayed their country's pandemic response, but also severely undermined the global effort and exacerbated the spread of the virus.

2. Assisting in the Global Fight Against Covid-19 with All Resources Available

As a developing country with more than 1.4 billion people, China has done all in its power to provide assistance to the international community, even as it faced the tremendous pressure of pandemic control itself. At the beginning of the pandemic, China provided two batches of monetary support totaling US$50 million to the WHO and actively helped its Covid-19 Solidarity Response Fund to raise funds in China.

In 2020, China organized 38 medical expert teams and sent them to 34 countries to assist in pandemic control. They visited 405

medical facilities, held 907 technical support sessions and 540 meetings, gave 306 interviews to domestic and international media, and held 461 training sessions for over 1.65 million trainees.

Since 2020, China has sent more than 3,000 medical workers in 176 teams on foreign aid missions to 57 countries. They have held more than 900 training and health education sessions of various types for over 67,000 local trainees, published over 6,000 notices and guides on epidemic prevention and self-protection in multiple languages, and treated 28,500 overseas Covid-19 patients. Heads of state or government from 11 countries have conferred medals on the medical teams, and over 2,300 members have received awards and commendations from the governments of recipient countries, and Chinese embassies and consulates abroad.

The sudden onslaught of Covid-19 triggered a dramatic surge in China's demand for anti-epidemic materials and imposed strain on the supply of personal protective equipment. China acted immediately to expand the production of medical supplies. Many Chinese companies answered the call of the government. Workers gave up their holidays for the Chinese New Year and worked overtime to produce large quantities of medical supplies, including masks, protective suits, and testing kits, to support the fight against Covid-19. By the end of February 2020, China's daily mask production had reached 116 million. In particular, in nine days from February 21 to 29, its daily production of masks shot from 43 million to over 100 million. This laid the groundwork for China to provide supplies and aid to the global fight against the pandemic.

Though the domestic supply of materials for epidemic prevention and control remained tight and China was still struggling to meet surging demand, the country tried every possible means to provide support and convenience for other countries in purchasing such materials. To make arrangements for orderly exports of protective materials, it smoothed the channels for supply-demand docking, organized logistics, transport, and the supply of goods, and accelerated customs clearance. From January 2020 to May 2022, China supplied over 4.6 billion protective suits, 18 billion testing kits, and 430 billion masks to 15 international organizations and 153 countries, including the US, thus alleviating the global shortage of supplies needed to combat Covid-19.

Vaccines are a powerful weapon against Covid-19, as well as a scarce public good. China was the first country to commit to making Covid-19 vaccines a global public good, to support the waiver of intellectual property rights on Covid-19 vaccines, and to work with other developing countries to produce Covid-19 vaccines. To bridge the vaccination gap, China joined the Covid-19 Vaccines Global Access Facility and provided vaccines to other developing countries.

Since the end of 2020, China has provided over 2.3 billion doses of Covid-19 vaccines to more than 120 countries and international organizations. The Chinese government has delivered on its commitment to the world, and China has provided more vaccines to the international community than any other country. One out of every two Covid-19 vaccines used around the world was made in China. The first batches of vaccines received by many countries, especially developing ones, were from China, which also supplied most of their vaccines.

China has spearheaded initiatives to expand international cooperation in combating Covid-19 and strengthen global health governance. It has firmly supported the WHO in playing the leading role in this global response and called on the international community to give it more political and financial support. China has made consistent efforts to reinforce communication with the WHO, conducted exchanges and cooperation with other countries on research into virus origins tracing, medicines, vaccines, and detecting, shared scientific research data and information, and joined in collaboration to study prevention, control and treatment strategies.

From April 2020 to October 2022, through sound and effective Covid-19 prevention and control measures, China succeeded in containing more than 100 outbreaks caused by different variants of the virus. By doing so, it protected the health of over 100 million people, safeguarded public health security, and provided resolute support for the global fight against the pandemic.

The Covid-19 pandemic exposed deficiencies and loopholes in the global health governance system. China calls for the building of a community of health for all and promotes the establishment of sound mechanisms for international cooperation, including a long-term financing mechanism for global public health security, a

monitoring, early warning, and joint response mechanism for threats, and a mechanism for reserving and allocating resources. China supports strengthening and leveraging the roles of the United Nations and the WHO, and improving global health governance capacity.

China has sent delegations to the WHO and taken an active part in its review of issues regarding the prevention of, preparedness for, and response to public health emergencies of international concern, the implementation and amendment of the IHR, and negotiations on a pandemic treaty. Top-level Chinese experts have been members of the Independent Panel for Pandemic Preparedness and Response and the Scientific Advisory Group for the Origins of Novel Pathogens that were established under the auspices of the WHO. By providing expertise and engaging in discussions, they contributed Chinese perspectives, solutions and strengths to building an efficient and sustainable global public health system for the benefit of all humanity and fortifying defenses for the lives and health of all.

Committed to its people-centered development philosophy, China has devoted itself to improving medical services, channeling more resources to the medical and education sectors, and ensuring that social and economic development benefits all the people. The average life expectancy of the Chinese people has steadily increased, from 77.3 in 2019 to 77.93 in 2020, 78.2 in 2021, 78.3 in 2022, and 78.6 in 2023. Thanks to China’s sound and proactive strategy for Covid-19 prevention and control, the health status of the Chinese people did not stagnate or regress, but instead continued to improve.

III. The Mismanaged Response of the US to the Covid-19 Pandemic

The slow and ineffective US response during the early stages of the outbreak set an appalling example to the international community and made the US performance in handling the pandemic

the worst of all countries. Instead of facing this issue squarely and reflecting on its shortcomings, the US government has tried to shift the blame and divert people's attention by shamelessly politicizing SARS-CoV-2 origins tracing. It has severely undermined joint international efforts in the fight against the pandemic and become a weak link in global public health governance. Despite domestic criticisms of its inaction or meddling, the US government has refused to examine its poor performance; rather, it has doubled down on its attempt to evade responsibility. This will inevitably do further damage to its capacity to deal with future public health crises.

At the end of 2024, when cases of human infection with highly pathogenic avian influenza emerged in the US, it did not share the information with the international community. It then cut off reporting channels to the WHO and stopped updates on its Centers for Disease Control and Prevention (CDC) website at the beginning of 2025. This shows that it was in fact the United States that covered up the truth of the epidemic.

1. Failure to Provide a Timely and Effective Response to Covid-19

In January 2020, the US was aware that an epidemic of a novel coronavirus was spreading quickly within its borders. Choosing to downplay the severity of the epidemic, the US government on multiple occasions compared Covid-19 to the flu, saying that it would disappear automatically one day. It also accused the WHO of overestimating its fatality rate, and advocated the use of hydroxychloroquine and azithromycin as "wonder drugs" without solid scientific evidence. This led to drug abuse and delayed the proper treatment of patients.

The US government also systematically deprived its citizens of the right to be informed of updated pandemic information. From March 3, 2020, the US CDC stopped releasing key data on Covid-19, including test results tallies, on the grounds that its information might not be "accurate". Over the next three years or so, people in the US could only access information about the epidemic from estimated data collected and reported by non-governmental institutions such as the Johns Hopkins University.

By mid-April 2020, the number of confirmed Covid-19 cases in the US had exceeded 660,000. However, with an eye on the upcoming presidential election, the incumbent administration announced that the pandemic had “passed the peak”, rushed to roll out plans to reopen the economy, and swore to quickly bring life back to normal. To this end, some politicians refused to wear masks in public – they were among the first to defy pandemic control protocols – and undermined sensible precautions, such as mask wearing and social distancing, by portraying them as matters of individual choice. This further desynchronized the pandemic prevention and control efforts of the US.

Addressing the malfunctioning US government response in the early stages of the pandemic, one American economist commented that from the moment the pandemic was first identified, the US president and his team had downplayed the crisis and ignored basic and widely known public health guidelines. He urged the US government to examine the available data, identify the failures, and call out its relentless misinformation.

Covid-19 overwhelmed the costly and profit-driven US medical system, and vulnerable groups such as the impoverished, ethnic minorities, and senior citizens were the first to be abandoned in treatment. According to an Associated Press report in June 2020, of every 10 deaths in the US, eight were people over 65 years old. The American people’s rights to life and health were in no way being guaranteed on an equal basis.

Data from the US National Center for Health Statistics shows that average life expectancy in the country fell from 78.8 in 2019 to 77 in 2020, and further declined to 76.1 in 2021, a decrease of 2.7 years from 2019. Despite an increase to 78.4 in 2023, average life expectancy in the US still remained far below that of most developed countries (82 years), and also lower than that of China. America’s ill handling of the pandemic has caused enduring pain to American families and society, ultimately damaging the immediate interests and health of its own residents.

The US president thwarted the pandemic prevention and control efforts of professional agencies, local governments, and the public in the belief that this would secure gains in the presidential election. Ultimately, they failed in both the pandemic response and the

election. Its errors in its early epidemic response were addressed in an article from a US media outlet, “One country stands alone, as the only affluent nation to have suffered a severe, sustained outbreak for more than four months: the United States.”

After the Democratic Party came to power, the US government adjusted its pandemic response policies; however, a political pandemic of “partisanship over life” was spreading. Some politicians from the defeated Republican party began to encourage and spread vaccine conspiracy theories, inciting resistance to and skepticism about vaccines among the public. Their manipulation of public sentiment severely weakened the country’s pandemic prevention and control.

In June 2022 when the Omicron variant reached its infection peak, only 67.2 percent of the US population were fully vaccinated with two doses, ranking last among the G7 countries and 59th globally.

There were also numerous local administrative and judicial actions that undermined pandemic containment efforts. Insisting that citizens should be “free to choose”, the state administration of Florida demanded schools across the state to reopen, leading to widespread infection among teachers and students. In April 2022, a federal judge in Florida ruled that the CDC’s prolonged mask mandate for public transportation was “unlawful”. This rampant political virus saw the US become the worst-performing country in the fight against the pandemic.

CDC data released in May 2023 revealed that deaths caused by Covid-19 in the US totaled 1.13 million, accounting for 16.4 percent of concurrent global deaths reported by the WHO. By March 2025, at least 1.22 million Americans had died of the virus. These figures were out of alignment with the overall population size, economic strength, and level of medical technology of the US, and were indicative of its ineffective and unscientific response policies. According to a public opinion poll conducted by Axios, over 50 percent of Americans believed that public health officials lied about the effect of vaccines and masks in preventing the spread of the virus and that the government did not make the health and wellbeing of citizens a priority.

The US not only botched its own response to Covid-19; it also obstructed and sabotaged international cooperation in various ways. The deliberate concealment of information by the US government misled other countries and the WHO in the research and analysis of Covid-19 trend.

In March 2021, the US government publicly announced that it would take an “America First” approach in vaccine supply and vaccination, promising only surplus stocks for other countries. Its massive procurement and stockpiling of vaccines resulted in enormous waste.

According to US CDC data, from December 2020 through May 2022, more than 82.1 million doses of Covid-19 vaccines, or 11 percent of the total distributed by the federal government, were discarded in the US. Tolerating reckless waste at home, the US kept hoarding excess vaccines and agitated vaccine nationalism. Its empty promises of vaccine supply to the international community were followed by a smear campaign to discredit China’s vaccines.

The excessive vaccine stockpile and waste in the US benefited no one, and its approach came under criticism domestically. A business leader in the US said in an interview in December 2020, “the extreme idea that everybody should die until we have the very last American vaccinated, that’s hardly the appropriate response.” In May 2021, a US think tank released a reality check on the pandemic, criticizing the US for its hesitancy to assist other countries in fighting the pandemic, which would lead to the US “being seen as selfishly isolationist in a time of immense need”.

The delayed and inadequate response of the US to the pandemic was not a failure by chance. One of the causes was a steady reduction of budget and staff in US public health agencies long before the outbreak. According to national associations of health officials of the US, from 2008 to the pandemic outbreak, almost 60,000 employees of local public health agencies in the US, about a quarter of their workforce, were laid off, and the budget of the CDC for these agencies was cut by 30 percent compared to 2003.

2. Shifting Blame for the Ineffective US Pandemic Response

The US has made China the primary scapegoat for its own mismanaged Covid-19 response. The US government’s indifference

and delayed actions wasted the precious time China had secured for the global fight against the pandemic. To avoid culpability for its own failures, the anti-China bloc in Congress has led the charge in deflecting blame by repeatedly introducing legislative proposals that accuse China of hindering the US pandemic response.

On March 16, 2020, the US government finally issued the long-overdue guidelines on travel restrictions and social quarantine, and for the first time admitted that the country could face an economic recession as a result of the pandemic. The following day, it coined and began to use the term “Chinese virus” in an explicit attempt to redirect public discontent at home. On March 24, during a G7 foreign ministers’ virtual teleconference, the US secretary of state pressured his counterparts to adopt the term “Wuhan virus” when referring to SARS-CoV-2. This request was rejected by other member states, and the conference ended without a joint statement.

In September 2020, the US delegation tabled its stigmatizing “Chinese virus” statement at the United Nations General Assembly, prompting criticism from UN Secretary-General António Guterres. Reflecting the collective concerns of member states, he warned that populism and racism in response to the pandemic would only exacerbate the crisis.

These scapegoating tactics of the US government triggered a wave of hate crimes against Asian Americans. In response, the House of Representatives passed a resolution, condemning terms such as “Chinese virus”, “Wuhan virus”, and “Kung flu” as fuel for racism.

In 2021, the US government directed its intelligence agencies to launch a 90-day investigation into the origins of SARS-CoV-2. At the end of August, the Office of the Director of National Intelligence (ODNI) released an unclassified summary of its intelligence assessment. While the report was rife with unfounded allegations against China, it had to concede that there was insufficient evidence to support the “Wuhan lab leak” hypothesis.

The US allegations are entirely baseless; even its own institutions and authoritative experts have repeatedly debunked the misconception that the virus originated in China. But their findings and evidence have been deliberately suppressed and concealed by the US government. Between 2020 and 2023, three US entities – the

Los Alamos National Laboratory (under the Department of Energy), the National Institutes of Health (NIH), and the ODNI – independently concluded in separate reports that the Wuhan Institute of Virology had maintained strict biosecurity protocols, and ruled out the possibility that the lab had engineered the novel coronavirus. However, not a single one of these findings has been accepted by the US government. Instead, they have been selectively ignored and concealed.

The Covid-19 pandemic is the common enemy of all humanity. It requires all nations to join forces in response and support each other. On February 8, 2020, as other countries actively supported China during its initial epidemic outbreak, the US State Department also announced US$ 100 million in assistance. However, to date, that pledge has not been honored.

In contrast, despite the US failure to keep its promise, China still extended substantial aid when the US was in need. On April 1, 2020, National Public Radio aired a recording of the US president himself, admitting that China was providing the US with 80 tonnes of medical supplies, including 1.8 million masks, 10.3 million pairs of gloves, and millions of other items.

According to a report by a US media outlet on January 29, 2021, China provided medical supplies valued at US$12 million in March and April 2020. Notably, Zhejiang Province alone sent 11 million masks to 12 US states, including Indiana, with which it has forged a friendship for over 30 years.

However, some US politicians showed no appreciation for China’s magnanimity and generosity. Since they could not conceal China’s aid to the world – including their own country – they smeared it as “mask diplomacy” aimed at influencing the international community. The US was unwilling to assume its responsibility to help other countries, yet it was opposed to China stepping up with such initiatives. Its approach was neither serious nor dignified.

The US has made the WHO another target of blame.

On January 29, 2020, following his visit to China, WHO director-general commended China’s efforts and transparency at a press conference in Geneva. At that time, the WHO had continuously

issued alerts to the international community – including the US – to the threat of a larger-scale pandemic.

On April 10, 2020, the US government, which had previously downplayed WHO warnings, accused some American media, WHO officials, and opposition politicians of failing in their duties on pandemic response. On April 14, the US announced a temporary suspension of funding to the WHO, citing the organization's alleged failure to fulfill its obligations.

On May 20, the US declared that it had sent a letter to the WHO, demanding the organization to make "major substantive improvements" and demonstrate "independence from China" within 30 days; otherwise, it would permanently freeze funding and reconsider its membership in the organization.

Just nine days later, the US announced that it would withdraw from the WHO because of the organization's failure to adopt these "urgently needed" reforms.

The editor-in-chief of the authoritative medical journal *The Lancet* condemned the unscrupulous US action of blaming and defunding the WHO as an "appalling betrayal of global solidarity" and called for every scientist, every health worker, and every citizen to resist and rebel against this betrayal.

In 2021, the US government reversed the decision to withdraw from the WHO and pledged to resume its obligations. However, on January 20, 2025, the new administration made the farcical announcement that it would once again withdraw, citing the organization's mishandling of the pandemic and its inability to demonstrate independence from China's influence.

American public health experts and institutions were also made scapegoats for some politicians.

In April 2020, Anthony Fauci, an eminent infectious disease expert and member of the White House Coronavirus Task Force, revealed during a CNN interview that the White House had repeatedly rejected pandemic prevention proposals such as social distancing. The US government immediately denied his statement, sparking calls to "fire Fauci" among its Republican supporters.

Even after the 2020 presidential election, some politicians persisted in attacking public health experts and institutions. They trumpeted accusations in Congress and the right-wing media,

alleging that the NIH had funded China's gain-of-function research on the virus. A number of US experts and scholars suffered from political attacks and suppression. Their regular research funding was suspended, and they were subjected to intense questioning at hearings. A Fox News host denounced Fauci publicly on the basis that "the guy in charge of America's response to Covid turns out to be the guy who funded the creation of Covid", while a former White House trade adviser labeled Fauci "the father of the actual virus" who had allowed China to "engineer a virus".

3. The Politically Motivated Missouri Lawsuit

Since the first half of 2020, some organizations and individuals in the US, including the Missouri and Mississippi state governments, have initiated groundless lawsuits against China, holding China accountable and seeking damages for losses resulting from the pandemic. They have made spurious allegations – that SARS-CoV-2 originated from a lab leak in the Wuhan virology institute, that China concealed pandemic information from the world, and that China hoarded medical supplies.

On March 7, 2025, local time, the US District Court for the Eastern District of Missouri ruled that China must pay Missouri US$24.49 billion in compensation for Covid-related losses, plus accrued interest. This kind of vexatious litigation, orchestrated by state governments, is a politically motivated farce that violates basic legal principles. China rejects such proceedings and will never accept a judgment delivered *in absentia*. Disregarding basic facts and violating fundamental legal norms is an affront to the sovereignty and dignity of all nations and to the international rule of law.

According to the principle of sovereign equality enshrined in international law, the policies and measures adopted by the Chinese government for epidemic prevention and control constitute sovereign acts of state which are immune from the jurisdiction of US domestic courts. The Missouri judgment violates this foundational principle.

The allegations in the Missouri judgment – that China concealed pandemic information from the world and hoarded medical supplies – are completely unfounded. They are based on fabricated evidence provided by the state government of Missouri that has no legal

validity. Even under US law, the judgment violates legal, regulatory, and judicial norms concerning the admissibility of evidence, the burden of proof, and the requirement to demonstrate causation.

At the early stage of the pandemic, China provided clear and timely information to the international community. It adopted an open and transparent approach by immediately releasing relevant information to the world, and it honored its responsibilities as a major country by providing assistance to nations throughout the world – including the US – with no strings attached. China was the world's major provider of anti-pandemic supplies.

In contrast, the Missouri state government's incompetent response to the pandemic resulted in its Covid-19 mortality rate ranking among the highest in the US. Now, the state government is trying to shift the blame for its failure, which is both irresponsible and unethical. China will never accede to demands for compensation founded on baseless allegations. China made a significant contribution to the global fight against the pandemic, and deserves recognition and fair treatment, not baseless blame, much less demands for compensation. The Chinese government does not recognize or accept this absurd court judgment and will take resolute countermeasures in defense of its legitimate rights.

4. Evidence Pointing to the US as the Origin of Covid-19

Numerous studies have shown that SARS-CoV-2 originated outside China. Research and analysis conducted by the US CDC and NIH indicate that prior to the outbreak in Wuhan, multiple regions in the US recorded positive SARS-CoV-2 test results and other evidence of the virus.

From May to October 2019, Virginia reported 19 respiratory disease outbreaks, a significant increase from the 13 and 15 outbreaks recorded during the same period in the previous two years. Laboratory tests were unable to identify the causes of some cases. In July 2019, two communities in northern Virginia reported outbreaks of pneumonia with unknown causes, which local media suspected to be "a mystery virus". A total of 54 people exhibited symptoms such as fever, coughing, and feableness, resulting in two deaths. That same month, the Fort Detrick Biological Laboratory, located just one hour's drive from the affected area, was suddenly shut down.

In 2019, a number of US states reported mysterious “e-cigarette or vaping product use-associated lung injury” cases. The symptoms were highly similar to those of Covid-19, including coughing, shortness of breath, and fatigue, with some resulting in severe lung damage. Illinois and Wisconsin reported their first cases in March 2019, and the number of cases peaked in August and September. This surge led to a total of 2,807 hospitalizations, including 68 deaths, across the US. The first death was recorded on August 23, 2019.

According to data from the US CDC, sporadic cases of “flu” began to appear in South Carolina as early as September 2019. Beginning in November, a widespread “flu” outbreak was recorded over a six week period in the area. Data from the South Carolina Department of Health and Environmental Control revealed that in the first week of December 2019, hospitalizations related to “flu” had increased by 41 percent year-on-year. When testifying in a House hearing related to Covid-19, then US CDC director admitted that some Covid-19 deaths had been misdiagnosed as flu in the US.

The US CDC data indicates that the first confirmed Covid-19 case in Florida was on March 1, 2020. However, according to the data on 171 Covid-19 patients published on the Florida Department of Health (DOH) website, the earliest confirmed cases were in January 2020. Most of these individuals reported no international travel history, suggesting that the virus was already circulating in local communities at the time. This crucial information about the timing of their diagnosis has since been deleted, and the then data chief at the Florida DOH was fired shortly after.

A US CDC study revealed that out of 7,389 serological survey samples collected from nine states between December 13, 2019 and January 17, 2020, 106 were SARS-CoV-2 antibody positive. This suggests that the virus existed in the US before the first official case was identified. Similarly, the NIH “All of Us” Research Program tested 24,079 blood samples collected from participants across 50 states between January 2 and March 18, 2020, identifying nine containing SARS-CoV-2 antibodies. The two earliest were collected in Illinois and Massachusetts on January 7 and 8, and seven out of the nine predate the first officially reported SARS-CoV-2 infections in Illinois, Massachusetts, Wisconsin, Pennsylvania, and Mississippi.

These findings show that SARS-CoV-2 was circulating across the US at a low level as early as December 2019, well before the first official cases were recorded.

A study by the Animal and Plant Health Inspection Service under the US Department of Agriculture found that of 241 samples taken from white-tailed deer before January 2020, one tested positive for SARS-CoV-2. This indicates that the infection was already present in the deer population as far back as 2019.

From January 2015 to June 2020, the University of North Carolina at Chapel Hill reported 28 lab incidents involving genetically engineered microorganisms to the NIH. Six of these incidents involved various types of genetically modified coronavirus. Eight researchers might have been infected, yet only one was placed in quarantine. The university, NIH, and CDC all declined to disclose the incident reports to the public. An expert associated with *The Lancet* suggested that novel coronavirus might not have come from nature, and instead likely came from an incident that occurred in a US bio-technology lab.

Between 2006 and 2013, the US reported at least 1,500 serious laboratory incidents involving coronaviruses and other highly dangerous pathogens linked to diseases such as SARS, MERS, Ebola, anthrax, smallpox, and avian influenza. As recently as November 6, 2024, 43 lab monkeys escaped from a South Carolina research facility. There have been recurring laboratory incidents in the US, and the management of labs is a cause for concern. What were the real reasons for the shutdown of the Fort Detrick Biological Laboratory in late 2019? The US owes the world an explanation.

These questionable events all suggest that Covid-19 may have emerged in the US earlier than the US official timeline, and earlier than the outbreak in China. A thorough and in-depth investigation into the origins of the virus should be conducted in the US.

On April 18, 2025, the White House website published an article yet again misrepresenting China as the source of Covid-19. This once more demonstrates the obsessive US determination to politicize virus origins tracing. These attempts to manipulate public opinion will never succeed – the scientific community and the international community are increasingly immune to the incessant falsehoods of the US side.

Conclusion

Addressing the global Covid-19 pandemic is a serious scientific issue that bears on the health and wellbeing of all humanity. Committed to the principles of science-based approaches, openness, and transparency, China has actively conducted and participated in virus origins tracing. The “WHO-convened Global Study of Origins of SARS-CoV-2: China Part – Joint WHO-China Study” is the result of the collaborative study by Chinese and foreign experts. It distills the collective insights from the joint mission and has earned widespread recognition from both the international community and the global scientific world. The contributions of these experts merit respect, and their conclusions cannot be denied.

While unrelenting in its domestic efforts to contain the virus, China has unreservedly shared its experience to facilitate global pandemic control, done all it could for international anti-epidemic cooperation, fulfilled its international responsibilities, and demonstrated its ethical commitment as a major country.

Despite being the world’s largest economy and most developed country, the US failed to make contributions commensurate with its capabilities. It sabotaged collaborative global efforts to address the crisis, and left its own people as the primary victims of the fallout.

The US should cease from shifting blame and evading responsibility, stop finding external excuses for its internal malaise, and genuinely reflect on and overhaul its public health policies. The US cannot continue to turn a deaf ear to the numerous questions over its conduct. It must promptly respond to the legitimate concerns of the international community, proactively share with the WHO data on its early suspected cases, disclose information about Fort Detrick, its global network of biological laboratories, and the so-called research conducted therein, and provide a responsible account to the global public.

Infectious diseases are the common enemy of humanity. Any attempt to politicize the scientific effort against infectious diseases, or to fabricate misinformation in order to attack other countries for self-serving purposes, will ultimately threaten the health and

wellbeing of the entire world, including the very nation engaged in such practices.

The global fight against the Covid-19 pandemic provides incontrovertible evidence that major countries must fully assume their international responsibilities and actively engage in building a global community of shared future. This follows the trend of the times and is the right way to address common challenges and build a better world. China will continue to work with all nations in advancing global public health and good governance, and contribute more proactively to preventing new infectious diseases in the future.